abroad in identified subjects for Master's degree/Ph.D/Post-Doctoral research programmes. No ST student from Orissa has applied for the said scholarship for the year 2006-07.

Literacy levels and Health Indicators of Tribals

706. SHRIMATI BRINDAKARAT: Will the Minister of TRIBAL AFFAIRS be pleased to state:

(a) whether the gap between literacy levels and health indicators of tribals and the general population has widened over the year; and

(b) if so, the action being taken by Government to reduce the gap?

THE MINISTER OF TRIBAL AFFAIRS (SHRI P.R. KYNDIAH): (a) As per the data available from the Population censuses 1991 and 2001, the gap between the literacy rates of Scheduled Tribes (STs) vis-a-vis all population, at all India level, has reduced over the decade. As per the reports of National Family Health Survey conducted by Ministry of Health and Family Welfare from time to time, gap for certain health indicators like 'Infant Mortality Rate', Under Five Child Mortality and 'Ante Natal Checkup between STs and General category population has also reduced over the years. The data for literacy rate and certain health indicators along with gap in respect of STs vis-a-vis all population and General category are given in Statement-I *{See* below).

(b) Although the gap between literacy rates and health indicators for STs vis-a-vis General category is reducing over the years, yet the Government endeavor continues to bridge the gap further by implementing various Plan schemes for STs. While the Ministry of Human Resource and Development is the nodal Ministry for promoting literacy across the country including Tribal Areas, the Ministry of Tribal Affairs has also been implementing a gender specific scheme of Educational Complex in the low literacy pockets for development of women literacy in tribal areas through the Non Government Organizations. Further a National Rural Health Mission (NRHM) has already been formed by the Ministry of Health and Family Welfare. The main objectives of NRHM is to provide accessible, affordable, accountable effective and reliable health care facilities, especially to poor and vulnerable sections of population, in rural areas of entire country with special focus in eighteen states viz. Bihar, Jharkhand, Madhya Pradesh, Chhattishgarh, Uttar Pradesh, Uttarakhand, Orissa, Rajasthan, Assam, Meghalaya, Arunachal Pradesh, Manipur, Mizoram, Nagaland, Sikkim, Tripura, Himachal Pradesh and Jammu and Kashmir. Under the strategy of NRHM, the gaps in the existing scenario of rural health care, is to be addressed through 4-5 lakhs Accredited Social Health Activists to assist the Anganwadi worker and Auxiliary Nurse Midwife at village level to make the increased health services accessible to rural people of the country.

Statement

Gap between Scheduled Tribes and General Population in Literacy levels and Health Indicators (Figures in percentage)

1. Literacy Rate

Year	Scheduled Tribes	All Population	Gap
1	2	3	3-2
199	29.6	522	22.6
1	47.1	64.8	17.7

2. Infant Mortality Rate

Year	Scheduled Tribes	General Category	Gap
1	2	3	2-1
1998-99	842	61.8	22.4
2005-06	63.9	55.7	82

3. Under Five Mortality Rate

Year	Scheduled Tribes	General Category	Gap
1	2	3	2-3
1998-99	126.6	82.6	44.0
2005-06	99.8	682	31.6

4. Ante-Natal Checkup

Year	Scheduled Tribes	General Category	Gap
1	2	3	3-2
1998-99	56.5	71.4	145
2005-06	703	84.7	142

Inclusion of Medara Community in ST List

707. SHRI V. HANUMANTHA RAO: Will the Minister of TRIBAL AFFAIRS be pleased to state:

(a) whether Government has received representations from Medara Sangham of Andhra Pradesh, to recognize them as Scheduled Tribe community;

(b) if so, the details of their demand;

(c) whether any discussion has been held with the Andhra Pradesh Government;